## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10004274-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of whi	ich is att	ached hereto unless the	e following box is ch	necked:	
					Application
Number	and w	as US Applicas amended on	(if a	ipplicable).	
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Foreign Application(s) and/or I hereby claim foreign priorit inventor(s) certificate listed b filing date before that of the	ty benefits below and l	under Title 35, United Stat have also identified below ar	y foreign application for	any foreign applicat patent or inventor(s)	ion(s) for patent certificate having
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	JNDER 35 U.S.C 119
				YES:	NO:
	-			YES	NO:
Provisional Application					
	nder Title	35, United States Code Sec	tion 119(e) of any Unite	ed States provisional	application(s) list
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Inventor's Signature

Date

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10004274-1

Full Name of # 2 joint inventor:	CHIT WEI SAW	Citizenship: United Kingdom			
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Inventor's Signature	Date				
Full Name of # 3 joint inventor:		Citizenship: Israel			
Residence:	16A Mapu Street, Haifa, Israel 34361				
Post Office Address:	16A Mapu Street, Haifa, Israel 34361				
Inventor's Signature	Date				
Full Name of # 4 joint inventor:	AVRAHAM LEVI	Citizenship: Israel			
Residence:	198 Haemek Street, Tivon, Israel 36084				
Post Office Address:	198 Haemek Street, Tivon, Israel 36084				
Tool office / durous.					
Inventor's Signature	Date				
Full Name of # 5 joint inventor:		Citizenship:			
Residence:					
Post Office Address:					
Inventor's Signature	Date:				
	Date				
Full Name of # 6 joint inventor:		Citizenship:			
Residence:		Citizenship.			
Post Office Address:					
Fost Office Address.					
Inventor's Signature	Date				
Full Name of # 7 joint inventor:		Citizenship:			
Residence:					
Post Office Address:					
Inventor's Const.us					
Inventor's Signature	Date				
Full Name of # 8 joint inventor:		Citizenship:			
Residence:					
Post Office Address:					
Inventor's Signature	Date	rotate graves			